JAN 192000

199

PTO/SB/06 (8-96)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
ons are required to respond to a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 08/986,696 (1997U001) OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR **SMALL ENTITY** (Column 2) (Column 1) FOR NUMBER FILED NUMBER EXTRA **RATE RATE** FEE BASIC FEE OR \$ (37 CFR 1.16(a)) TOTAL CLAIMS minus 20 = OR x \$ (37 CFR 1.16(c)) INDEPENDENT CLAIMS minus 3 = OR == (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR TOTAL OR **TOTAL** * If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II OR SMALL ENTITY **SMALL ENTITY** (Column 1) (Column 2) (Column 3) **CLAIMS HIGHEST** ADDI-ADDI-REMAINING PRESENT NUMBER RATE **TIONAL** TIONAL RATE **AMENDMENT AFTER** PREVIOUSLY **EXTRA** FEE FEE AMENDMENT PAID FOR OR Total 24 s 18 = 0 = 50 0 Minus (37 CFR 1.16(c)) OR Independent 78= 0 Minus 5 7 0 (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 0 na_ OR TOTAL 0 TOTAL OR (Column 1) (Column 2) (Column 3) ADDIT. FEE ADDIT, FEE 2000 **CLAIMS HIGHEST** ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL **AMENDMENT** AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR 11, OR Total x \$ 18 = 0 Minus = 28 50 0 January OR 0 Independent 78 5 7 0 Minus OR (37 CFR 1.16(b)) 0 na (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL 0 TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 3) (Column 2) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING **PRESENT** NUMBER **RATE** TIONAL RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) k \$. Minus OR Independent Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT, FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

